

Threshold Change FormDate: October 7, 2010**Temp/Perm? Permanent**Anticipated Effective Date: October 15, 2010

Customer Name: <u>Medicine Cabinet Pharmacy #5</u>	Customer Contact Name: <u>Chad Wallace</u>
Address: <u>3476 US RT 60 E</u>	Title: <u>PIC</u>
<u>Barboursville, WV 25504</u>	Phone: <u>304-733-3784</u>
DEA number: <u>FM1877402</u>	Has account reached monthly threshold Y/N? <u>NO</u>
Customer Account number: <u>811250</u>	Has Level One been conducted Y/N? <u>YES</u>

Provide Economost number, Description or Base Code Dosage amount or percentage

1. CS requested: <u>Oxycodone</u>	+/- amount <u>7,000</u>
2. CS requested: _____	+/- amount _____
3. CS requested: _____	+/- amount _____
4. CS requested: _____	+/- amount _____
5. CS requested: _____	+/- amount _____

Reason for requested change (BE SPECIFIC, include supporting documentation):

Med Cab Pharmacy is a new pharmacy that has been aggressively marketing their compounding business to Cabell Huntington Hospital's Oncology clinic, Hospice of Huntington, Dr. Philip Fisher Huntington Spine & Rehab Clinic, and Dr. Jimmy Adams Pain Management clinic. Chad Wallace PIC said they have been very successful in marketing compounding products they would now like to aggressively go after the prescription business. In doing so Chad anticipates a 25% surge in usage of product containing oxycodone. In marketing to the following clinics he would like to be assured he can get the product from us.

McKesson use only

1. Date of last site visit/observation. October 7, 2010
2. Questionnaire and Declaration on file? Yes Date: _____
3. Permanent or Temporary threshold change? Permanent
4. Has threshold been changed on the same product within the last three months? _____ If yes, list Dates. _____

Current Threshold

1. 23,500
2. _____
3. _____
4. _____
5. _____

Submitted by:

DC Management _____

Date: _____

Sales Tim AshworthDate: October 8, 2010**Approval/Denial** by:

Regulatory _____

Date: _____

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PLAINTIFFS TRIAL

EXHIBIT

P-13714_00001